

## **ADA Grievance/Complaint Form**

If you have accessibility concerns or questions please fill out this form.

**Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone**

**Email Address**

**Comments or Questions?**

**Grievance? Please provide a detailed description including date of incident.**

**Please provide complete address and/or location, if other than a roadway (e.g. rest area, pedestrian bridge, etc.):**

Please call DeIDOT at 302-760-2048 with questions, or to seek assistance in filling out the form, and/or mail form to:

DeIDOT ADA Title II/Section 504 Coordinator

Att: Tom Nickel

P.O. Box 778

Dover, DE 19903

Email: [DOT.ADASupport@Delaware.gov](mailto:DOT.ADASupport@Delaware.gov)

**Submit Online**